

PUBLIC HEALTH DEPARTMENT[641]

Notice of Intended Action

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 147A.27, the Department of Public Health hereby gives Notice of Intended Action to amend Chapter 137, “Trauma Education and Training,” Iowa Administrative Code.

The rules in Chapter 137 describe trauma education and training for Iowa’s trauma system. These proposed amendments clarify the trauma education and training requirements and replace the existing tables with written requirements.

Any interested person may make written comments or suggestions on the proposed amendments on or before June 18, 2013. Such written comments should be directed to Janet Houtz, Bureau of EMS, Department of Public Health, 321 East 12th Street, Des Moines, Iowa 50319. E-mail may be sent to Janet.Houtz@idph.iowa.gov.

After analysis and review of this rule making, no impact on jobs has been found.

These amendments are intended to implement Iowa Code section 147A.27.

The following amendments are proposed.

ITEM 1. Rescind the definitions of “ARNP,” “ATLS,” “LPN,” “PA,” “RN,” “RTTDC,” “SEQIC” and “TSAC” in rule **641—137.1(147A)**.

ITEM 2. Adopt the following new definitions in rule **641—137.1(147A)**:

“*Advanced emergency medical technician*” or “*AEMT*” means advanced emergency medical technician as defined in 641—131.1(147A).

“*Formal education*” means education in standardized educational settings with a curriculum.

“*Paramedic*” means paramedic as defined in 641—131.1(147A).

ITEM 3. Amend the following definitions in rule **641—137.1(147A)**:

“*Advanced registered nurse practitioner (ARNP)*” or “*ARNP*” means a nurse pursuant to 655—7.1(152) with current licensure as a registered nurse in Iowa who is registered in Iowa to practice in an advanced role. The ARNP is prepared for an advanced role by virtue of additional knowledge and skills gained through a formal advanced practice education program of nursing in a specialty area approved by the board. In the advanced role, the nurse practices nursing assessment, intervention, and management within the boundaries of the nurse-client relationship. Advanced nursing practice occurs in a variety of settings within an interdisciplinary health care team, which provide for consultation, collaborative management, or referral. The ARNP may perform selected medically delegated functions when a collaborative practice agreement exists.

“*Advanced trauma life support course®*” or “*ATLS®*” means a course for physicians with an emphasis on the first hour of initial assessment and primary management of the injured patient, starting at the point in time of injury continuing through initial assessment, life-saving intervention, reevaluation, stabilization, and transfer when appropriate.

“*Emergency medical care provider*” means ~~an individual who has been trained to provide emergency and nonemergency medical care at the first responder, EMT-basic, EMT-intermediate, EMT-paramedic, paramedic specialist or other certification levels recognized by the department before 1984 and who has been issued a certificate by the department~~ emergency medical care provider as defined in 641—131.1(147A).

“Emergency medical services” or “EMS” means emergency medical services as defined in 641—131.1(147A).

“Emergency medical technician” or “EMT” means emergency medical technician as defined in 641—131.1(147A).

“Emergency medical technician-ambulance” or “EMT-A” means emergency medical technician-ambulance as defined in 641—131.1(147A).

“Emergency medical technician-basic” or “EMT-B” means emergency medical technician-basic as defined in 641—131.1(147A).

“Emergency medical technician-defibrillation” or “EMT-D” means emergency medical technician-defibrillation as defined in 641—131.1(147A).

“Emergency medical technician-intermediate” or “EMT-I” means emergency medical technician-intermediate as defined in 641—131.1(147A).

“Emergency medical technician-paramedic” or “EMT-P” means emergency medical technician-paramedic as defined in 641—131.1(147A).

“First responder” or “FR” means first responder as defined in 641—131.1(147A).

“First responder-defibrillation” or “FR-D” means first responder-defibrillation as defined in 641—131.1(147A).

“Licensed practical nurse” or “LPN” means an individual licensed pursuant to Iowa Code chapter 152.

“Physician assistant” or “PA” means an individual licensed pursuant to Iowa Code chapter 148C.

“Paramedic specialist” or “PS” means paramedic specialist as defined in 641—131.1(147A).

“Registered nurse” or “RN” means an individual licensed pursuant to Iowa Code chapter 152.

“Service program” or “service” means any medical care ambulance service or nontransport service that has received authorization by the department service program as defined in 641—131.1(147A).

“System evaluation quality improvement committee” or “SEQIC” means the committee established by the department pursuant to Iowa Code section 147A.25 to develop, implement, and conduct trauma care system evaluation, quality assessment, and quality improvement.

“Trauma system advisory council” or “TSAC” means the council established by the department pursuant to Iowa Code section 147A.24 to advise the department on issues and strategies to achieve optimal trauma care delivery throughout the state, to assist the department in the implementation of an Iowa trauma care plan, to develop criteria for the categorization of all hospitals and emergency care facilities according to their trauma care capabilities, to develop a process for verification of the trauma care capacity of each facility and the issuance of a certificate of verification, to develop standards for medical direction, trauma care, triage and transfer protocols, and trauma registries, to promote public information and education activities for injury prevention, and to review rules adopted under this division, and to make recommendations to the director for changes to further promote optimal trauma care.

ITEM 4. Amend rule 641—137.2(147A), introductory paragraph, as follows:

641—137.2(147A) Initial trauma education for Iowa’s trauma system. Initial trauma education (Table 1) is required of physicians, physician assistants, advanced registered nurse practitioners, registered nurses, and licensed practical nurses who are identified or defined as trauma team members by a trauma care facility and who participate directly in the initial resuscitation of the trauma patient.

ITEM 5. Rescind Table 1 in rule **641—137.2(147A).**

ITEM 6. Amend paragraph **137.2(1)“b”** as follows:

b. Trauma nursing course objectives (1998) (2007) are incorporated and adopted by reference for all trauma care facilities. For any differences which may occur between the adopted references and these administrative rules, the administrative rules shall prevail.

ITEM 7. Adopt the following **new** subrule 137.2(2):

137.2(2) Specific requirements for initial trauma education for each provider category are as follows:

a. Physicians, PAs and ARNPs: current ATLS® certification.

b. RNs and LPNs: successful completion of trauma nursing course objectives (2007) recommended by TSAC.

ITEM 8. Amend rule 641—137.3(147A), introductory paragraph, as follows:

641—137.3(147A) Continuing trauma education for Iowa’s trauma system. Continuing trauma education (~~Table 2~~) is required every four years of physicians, physician assistants, advanced registered nurse practitioners, registered nurses, and licensed practical nurses who are identified or defined as trauma team members by a trauma care facility and who participate directly in the initial resuscitation of the trauma patient.

ITEM 9. Rescind Table 2 in rule **641—137.3(147A)**.

ITEM 10. Amend subrule 137.3(2) as follows:

137.3(2) General requirements for continuing trauma education.

a. ~~Three-fourths~~ Sixteen hours of the required continuing trauma education hours may be informal, determined and approved by a trauma care facility from any of the following:

1. to 7. No change.

b. ~~One-fourth~~ Eight hours of the required continuing trauma education hours shall be obtained through any formalized continuing education programs.

ITEM 11. Renumber subrule **137.3(3)** as **137.3(4)**.

ITEM 12. Adopt the following new subrule 137.3(3):

137.3(3) Specific requirements for each provider category are as follows:

a. Physicians: 24 hours of continuing trauma education is required, with a minimum of 8 hours as formal education.

(1) Physicians who treat trauma patients in the emergency department but are not board-certified in emergency medicine must maintain current ATLS® certification.

(2) Surgeons who are not board-certified in general surgery must maintain current ATLS® certification.

(3) The designated trauma service medical director, regardless of board certification, must maintain current ATLS® certification.

b. PA and ARNP: 24 hours of continuing trauma education is required, with a minimum of 8 hours as formal education. Of the 8 hours of formal education, current ATLS® certification is required.

c. RN and LPN: 16 hours of continuing trauma education is required, with a minimum of 4 hours as formal education based upon the trauma nursing course objectives (2007) recommended by TSAC.

ITEM 13. Amend renumbered subrule 137.3(4) as follows:

137.3(4) Continuing trauma education is required of certified emergency medical care providers every two years as follows:

a. EMR, FR or FR-D: 2 continuing education hours.

b. EMT, EMT-A, EMT-B, EMT-D: 4 continuing education hours.

c. AEMT, EMT-I: 4 continuing education hours.

d. EMT-P, PS, Paramedic: 6 continuing education hours.